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ABSTRACT

Research has shown that therapy preference affects both the quality of the initial therapy session and treatment outcome. To determine personality characteristics which would affect subjects' preference of therapeutic orientation and to obtain qualitative information about subjects' therapy preferences, 203 community college students indicated their preference for Behavior Therapy, Client-Centered Therapy, or Rational-Emotive Therapy, after viewing them on video tapes. Subjects also completed the 16 Personality Factor Questionnaire and the Rotter Locus of Control scale, and gave reasons for their preferences. Results showed 46% of the subjects chose Rational-Emotive Therapy, 34% Behavior Therapy, and 20% Client-Centered Therapy. The most common qualitative responses among the groups related to satisfaction with the client-therapist interaction and the process of resolving the client's problem; each group clearly wanted different degrees and different types of input from the therapist. The findings suggest that some attempt should be made to ascertain clients' therapy preferences since they will influence the therapeutic relationship. (MCF)

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Subject Preference Regarding Three Psychotherapy Orientations

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Subject Preference Regarding Three Psychotherapy Orientations

Therapy preference has been demonstrated in previous studies to affect both the quality of the initial therapy session and treatment outcome (Ziemelis, 1974; Devine & Fernald, 1973; Rosen, 1967). The qualitative information obtained through the present study lends some insights into the role of the preference variable. This study had two major aspects: The first was to determine personality characteristics based on previous studies (Jacobson, 1971; Helweg & Gaines, 1977; Kilmann, Albert & Sotile, 1975; DiLoreto, 1970) which could predict subject preference of therapeutic orientation and could be utilized in client-therapist matching (Dougherty, 1976). The second was to obtain qualitative information regarding the characteristics the subjects would prefer and would not prefer in therapy.

Method

Two hundred and three community college students indicated their preference for one of three types of therapy: Behavioral Therapy, Client-Centered Therapy and Rational-Emotive Therapy (RET) after viewing them on video tapes. The three tapes, approved by qualified judges, employed the same client and therapist focusing on the same problem as a means of controlling extraneous variables which have been demonstrated to have an effect on preference (Boulware & Holmes, 1970; Helms & Simons, 1977; Mezzano, 1971; Cash, Begley, McCown & Weise, 1975). Initially the subjects completed the Sixteen Personality Factor Questionnaire and Rotter

Scale. Next the 13 groups of subjects viewed the three video tapes which were designated as Type I, Type II and Type III according to the random order of each showing to prevent the name from having an influence on the selection. After the tapes, the subjects completed a preference questionnaire in which they indicated their preferred approach and the degree of "liking" for each approach. Finally, the subjects indicated the reasons for their choices.

Results

After viewing the tapes, 46% of the subjects chose Rational-Emotive Therapy, 34% Behavioral Therapy and 20% Client-Centered Therapy. Multiple discriminant analysis was employed to analyze the quantitative information, but the overall F failed to reach significance indicating that the three groups could not be differentiated by these personality variables.

The qualitative information was sorted into categories by doctoral level counseling psychology students not previously connected with the study and were summarized with percentages and placed on tables.

Qualitative Findings

The qualitative information was obtained in response to statements requesting two reasons for the preferred type of therapy and two reasons for not selecting each of the other two types. The most common qualitative responses among the groups related to satisfaction with the client-therapist interaction and the process of resolving the problem. The most common category for those

choosing Behavioral Therapy (29% of the responses) described the therapist as accomplishing more than the other two types by helping the client explore the problem and providing specific input toward solving the problem. For the Client-Centered group, the largest category of statements (31% of the responses) pertained to the therapist helping the client think for herself and reach her own conclusions. Two categories of responses were tied for the highest percentage in the Rational-Emotive group. Fifteen percent of the responses related to the therapist presenting the client a helpful philosophy of self-directedness. The other category is characterized by statements that the therapist was very involved with the client and communicated with her in a "straightforward" manner. In each of the three groups, the most frequent comment concerned the therapeutic process of dealing with the problem; however, each group clearly wanted different degrees and different types of input from the therapist.

The comments by all three groups on the therapeutic relationship provide a greater understanding of the diversity of the groups. Twelve percent of the responses for the RET group were related to the relationship and described the therapist's behavior in positive terms. His highly active style was interpreted as concern, interest, and involvement. However, of the reasons given by the Behavioral group for not choosing the RET approach, 18% were critical of the therapist's manner of relating to the client. His active use of interpretation utilizing the RET philosophy was viewed as

condescending. The comments regarding RET by the Client-Centered group were consistent with those of the Behavioral group with 25% of the responses describing the RET therapist as "overly authoritative." Not only did the subjects in this group tend to dislike his demeanor, they also saw his approach as depriving the client of something important: responsibility for one's self.

Fewer responses by the Behavioral group regarding the Behavioral approach dealt with the relationship per se (7%); most of the responses dealt with the process of reaching a solution. This may indicate that the type of relationship is less important to the subjects in this group than the method of solving the problem.

Comments concerning the relationship in Client-Centered therapy comprised 15% of the responses of subjects having that preference, and the approach was viewed as gentle, open and relaxed. In contrast, the RET and Behavioral groups were critical of that form of therapy for the lack of action and input from the therapist as reflected in their comments (18% and 16% of the statements respectively).

Another category that was common among groups was that of the actual solution. Two categories are related to this issue for the RET group. As noted earlier, one of the largest categories of responses for this group (15%) was supportive of the philosophy of RET. Related to this category were comments by the RET subjects that the therapy helped the client to be more realistic (10% of the responses). This group apparently considers this philosophy

to be of value in helping one deal with problems of living. In contrast, this view of life was criticized by a portion of the Behavioral group (18%) and was considered to deprive the client of the value of her goals. In a similar vein some of the subjects of the Client-Centered group (15% of the responses) considered that the RET approach took away the client's incentive.

The solution for the Behavioral Therapy tape was the establishment of a reinforcement program. Twenty-four percent of the responses in this group were related to the use of rewards and were supportive of their use. Many of the responses by the other two groups were critical of the rewards, 40% and 44% of the Rational-Emotive and Client-Centered groups respectively. It is clear that some subjects find the whole concept of rewards negative, and such persons would obviously be dissatisfied with such an approach in therapy.

The solution for the Client-Centered tape was not as clear-cut as in the Behavioral or the RET tapes. However, thirty-one percent of the comments by the Client-Centered group, as noted earlier, related to a solution and were centered around the process of letting the client think for herself and reach her own conclusions. The client's major role in the process of finding a solution was obviously valued by the subjects in this group. The comments from the other two groups indicate that they did not value the degree of responsibility given the client in that approach.

Nineteen percent of the Behavioral responses described the Client-Centered approach as inadequate due to the absence of a solution from the therapist. Similar criticism was expressed by the RET group, 18% of the responses. From these data, it seems that some subjects prefer some definite information from the therapist and would apparently be dissatisfied in therapy with the opportunity to primarily reach their own solution with the aid of an empathetic listener as with the Client-Centered approach.

The language employed in the RET tape was an area of criticism by the other two groups. Twenty-five percent of the statements by the Client-Centered group and 9% of the Behavioral group's statements expressed negative reactions to the adjective used to describe the client's irrational thinking. Some of the subjects were even offended by the use of the descriptors such as "nutty" and "insane," actual adjectives used by Albert Ellis as noted in transcripts of his therapy (Ellis, 1973). In contrast, of all the 94 subjects in RET group, only one even noted the use of this language, and that was a parenthetical statement only slightly critical. It seems that the subjects who value the concept of rational thinking attribute the negative adjectives to the irrational ideas rather than to the client. Yet, some of the other subjects apparently viewed it as a personal attack, maybe because they did not agree with the philosophy and therefore would not want their ideas deemed "crazy" or "nutty."

The Behavioral approach was criticized by subjects in the other groups as being superficial, 10% of the statements by the Rational-Emotive group and 22% of the Client-Centered group. It appears from their comments that the debate among many professionals over the value of alleviating "symptoms" is shared by some of the subjects in this study. Some subjects are apparently satisfied in dealing with the more obvious problem or "symptom"; however, other subjects dislike this approach and prefer an understanding of the cause or underlying problem.

The use of empathy and reflections by the Client-Centered therapist was criticized by a portion of the other two groups. This behavior was viewed by some as merely reinforcing the problem, 18% of the RET group and 6% of the Behavioral group. Some subjects seem to want to explore a problem in great detail in order to reach a conclusion on their own, i.e., the Client-Centered group. Yet others seem to want simply to enumerate the problem and begin dealing immediately with alternative viewpoints (RET) or better methods of accomplishing the original goal (Behavioral Therapy).

Conclusion

The qualitative results indicate that defining a positive therapeutic relationship is not a simple task. What one group interprets as interest and concern, another group views as dogmatic and condescending. Thus, some attempt should be made to ascertain the behaviors a specific client would prefer in therapy since it influences how one interprets the involvement of the therapist and other aspects of the therapeutic relationship.

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